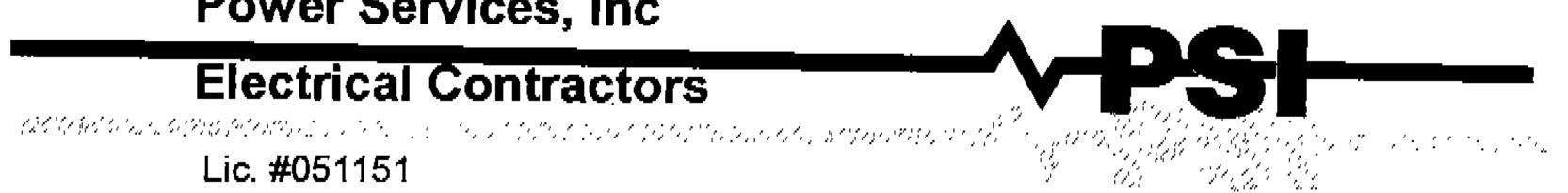
61288, Houston TX 77208 (Houston Div	ICT OF TEXAS P.O.Box vision)	PROOF CLAIM
Name of Debtors	Case Number	The state of the s
Stage Stores, Inc., a Delaware corporationSpecialty Retailers, Inc., a Texas corporationSpecialty Retailers, Inc. (NV), a Nevada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-50041 Creditor ID#: Ited States Bankruptcy Court Southern District of Texas
*place an "x" beside the name of the Debtor you are filing a claim against		FILED
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Power Services, Inc.	anyone else a filed a proof of	JUN 2 6 2000 hael N. Milby, Clerk
Name and address where notices should be sent:  ***********************************	Check box if you have never received any notices from the bankruptcy court in this case  Check box if the address	
	differs from the address on the envelope sent to you by the court.	•
Account or other number by which creditor identifies debtor:	_ Check here replaces if this claim amends a prev	iously filed claim, dated:
1. Basis for Claim  Goods sold  Services performed  Money loaned  Personal injury/wrongful death  Taxes  Other	Retiree benefits as defined in 11 L Wages, salaries, and compensation Your SS#:	n (Fill out below)
2. Date debt was incurred: しょっぴ	3. If court judgment, date ob	tained:
4. Total Amount of Claim at Time Case Filed: \$93.14  If all or part of your claim is secured or entitled to priority, also completed.  Check this box if claim includes interest or other charges in addition.		Attach itemized statement of all interest or
additional charges.		
5. Secured Claim.  — Check this box if your claim is secured by collateral (including a right of setoff).	6. Unsecured Priority Claim.  Check this box if you have an understand Amount entitled to priority \$	insecured priority claim
5. Secured Claim.  Check this box if your claim is secured by collateral (including a	<ul> <li>Check this box if you have an an Amount entitled to priority \$</li> <li>Specify the priority of the claims</li> <li>Wages, salaries, or commissions (up to the bankruptcy petition or cessation of the U.S.C. § 507(a)(3)</li> <li>Contributions to an employee benefit players on all the personal, family, or household use - 11</li> </ul>	**************************************
<ul> <li>5. Secured Claim.  — Check this box if your claim is secured by collateral (including a right of setoff).</li> <li>Brief Description of Collateral:  — Real Estate — Motor Vehicle  — Other All personal and intangible property of Debtor's Estate</li> </ul>	<ul> <li>Check this box if you have an total Amount entitled to priority \$</li> <li>Specify the priority of the claims</li> <li>Wages, salaries, or commissions (up to the bankruptcy petition or cessation of to U.S.C. § 507(a)(3)</li> <li>Contributions to an employee benefit play up to \$1,950* of deposits toward purchase personal, family, or household use - 11</li> <li>Alimony, maintenance, or support owed 507(a)(7).</li> <li>Taxes or penalties owed to government Other - Specify applicable paragraph of</li> </ul>	unsecured priority claim  \$4,300),* earned within 90 days before filing of the debtor's business, whichever is earlier - 11  an - 11 U.S.C. § 507(a)(4). ase, lease, or rental of property or services for U.S.C. § 507(a)(6). to a spouse, former spouse, or child - 11 U.S.C. § all units - 11 U.S.C. § 507(a)(8). 11 U.S.C. § 507(a). 18 and every 3 years thereafter with respect to
<ul> <li>5. Secured Claim.  — Check this box if your claim is secured by collateral (including a right of setoff).</li> <li>Brief Description of Collateral:  — Real Estate — Motor Vehicle  — Other All personal and intangible property of Debtor's Estate</li> <li>Value of Collateral: \$</li> </ul> Amount of arrearage and other charges at time case filed included in	Check this box if you have an a Amount entitled to priority \$ Specify the priority of the claim Wages, salaries, or commissions (up to the bankruptcy petition or cessation of the U.S.C. § 507(a)(3)  Contributions to an employee benefit play up to \$1,950* of deposits toward purchas personal, family, or household use - 11  Alimony, maintenance, or support owed 507(a)(7).  Taxes or penalties owed to government Other — Specify applicable paragraph of *Amounts are subject to adjustment on 4/1/cases commenced on or after the date of action of the commenced on or after the date of actions.	unsecured priority claim  \$4,300),* earned within 90 days before filing of the debtor's business, whichever is earlier - 11  an - 11 U.S.C. § 507(a)(4). ase, lease, or rental of property or services for U.S.C. § 507(a)(6). to a spouse, former spouse, or child - 11 U.S.C. § all units - 11 U.S.C. § 507(a)(8). 11 U.S.C. § 507(a). 18 and every 3 years thereafter with respect to

### Power Services, Inc

#### **Electrical Contractors**



Invoice

DATE	INVOICE #

6/12/2000 7468

813 Main St. S.W. Los Lunas, N.M. 87031 (505) 865-5032

BILL TO:

Stage Department Store P.O. Box 35668 Houston, Tx. 77235

P.O. NUMBER	TERMS	PROJECT
<b>W</b> 00031817	Net 15	00-0141

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Belen, NM  Replace customer furnished fluorescent fixtures.		
	Electrical Material Labor Sales Tax	1.28 86.18 6.509	1.28 86.18 5.68
rnank you fo	r your business.	TOTAL	\$93.14

# Stage Stores In

### WORK ORDER

k Order #: W000031817

Date: 02/29/2000

ade: Electrical/Lights Maintenance

Not To Exceed Amt: \$

**500.00** 

Responsible/Contact:

Vendor ID: 0010340

Company: Power Services, Inc

Address:

813 Main St. S.W.

City:

Los Lunas

State:

NM

87031

Zip:

VIII:

Power Services, Inc

Phone:

(505) 865-5032

Fax:

(505) 865-3040

Address: P. O. Box 35668

City:

Houston

State:

TX

77235 Zip:

Phone:

(713) 218-4470

Priority: Medium

Repair Scheduled Status:

Reparted/Issued by:Phil

Store Number:

0663

Store Name:

Belen, New Mexico 106-116 Caldwell

Address: City:

Belen

State:

NM

Zip:

87002

Phone:

(505) 864-1844

## Work Description

02/29/2000 15:53:16 (REX) 5 ballasts are out and need to be replaced. Replacements are in stock at the store.

PLEASE SEND THE FOLLOWING WITH YOUR INVOICE:

- 1) A COPY OF YOUR CERTIFICATE OF INSURANCE (If this has already been done before, please omit this step)
- 2) A COPY OF THIS WORK ORDER
- 3) A COPY OF THE WORK ORDER WITH A STORE SIGNATURE.

If you have any questions please call Rex at 713/218-4464 and the fary is 7/3/218-6454

FIELD